2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106151

Title:

Name:

Address:

City-St-Zip:

EDIR

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JEAN ROBERT, SAINT JEAN

PORT CHARLOTTE, FL 33952

3129 TAMIAMI TRAIL B

Entity Name: BARGAIN FINANCIAL SERVICES, INC.

FILED Mar 01, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
MARGATE	TH STATE ROA E FASHION CE E, FL 33068			SOTO BUI	AMI TRAIL SU LDING ARLOTTE, FL		US
Current Mailing Address:				New Mailing Address:			
MARGATE	TH STATE ROA E FASHION CE E, FL 33068			3129 TAMI SUITE B PORT CHA	AMI TRAIL ARLOTTE, FL	33952	US
FEI Number	: 80-0079665	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
3500 N. S' STE. 479 LAUDERD The above in the State	e of Florida.		ourpose o	f changing i	ts registered o	office or re	egistered agent, or both,
SIGNATURE: Electronic Signature of Registered Agent				Date			
Election Ca		Trust Fund Contribution ().					
OFFICER	S AND DIRECT	ORS:		ADDITION	S/CHANGES	TO OFF	ICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PT () ULYSSE, RICKO 195 SOUTH STA MARGATE, FL	TE ROAD 7		Title: Name: Address: City-St-Zip:	() Change(() Addition
Title: Name: Address: City-St-Zip:	VS () ULYSSE, PEGG 195 SOUTH STA MARGATE, FL	TE ROAD 7		Title: Name: Address: City-St-Zip:	VS (X ULYSSE, PEG 3129 TAMIAMI PORT CHARLO	GY TRAIL SUI	
Title: Name: Address: City-St-Zip:	EDIR (X) LOUIS, ULYSSE 3129 TAMIAMI T PORT CHARLO	RAIL B		Title: Name: Address: City-St-Zip:	() Change(() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PEGGY ULYSSE VP 03/01/2008

() Change () Addition